

CALL 1-800-222-1811 FOR PICKUP OR TRACKING OF ALL YOUR PACKAGES

**EXPRESS
MAIL**

UNITED STATES POSTAL SERVICE®

WWW.US



CORPORATE ACC

POSTAGE AND FEES PAID

HOW TO USE:



*E V 3 1 8 4 1 9 6 5 2 U S *

Addressee C PY
Label 11-F June 2002

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL USE ONLY)

PO ZIP Code	Day of Delivery	Flat Rate Envelope
	<input type="checkbox"/> Next <input type="checkbox"/> Second	<input type="checkbox"/>
Date In		Postage
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	\$
Time In	Military	Return Receipt Fee
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	
Weight	Int'l Alpha Country Code	COD Fee
lbs.		Insurance Fee
<input type="checkbox"/> No Delivery <input type="checkbox"/> OZS.	Acceptance Clerk Initials	Total Postage & Fees
<input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		\$

DELIVERY (POSTAL USE ONLY)

Delivery Attempt	Time	RECEIVED Employee Signature NOV 03 2003
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

☐ WAIVER OF SIGNATURE (Domestic Only) Addressee's signature is not required. If delivery employee judges that article can be left in secure location and is instructed that delivery employee's signature constitutes valid proof of delivery.

☐ NO DELIVERY ☐ Weekend ☐ Holiday

Federal Agency/Act No. or Postal Service Act No.

Customer Signature

FROM: (PLEASE PRINT)

PHONE

TO: (PLEASE PRINT)

PHONE

any

**EXPRESS MAIL
DATE NOT
DETERMINED**The
the E

PRESS HARD

You are making 3 copies.

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